Intern Application
Senator Roger F. Wicker
555 Dirksen Senate Office Building, Washington, D.C. 20510-2404
(202) 224-6253 Phone   (202) 228-0378 Fax

To apply for an internship, please complete the following application (type or write legibly). In addition, please attach the following to your application:

- **Resume. Please specify work experience and campus, community, and political activities, if any.**
- **References. Please provide three letters of reference.**
- **Interest Statement. Please submit a statement explaining your interest in participating in the Office's internship program**

Failure to submit all the required information may prevent you from being considered for an internship.
Please mail __and__ fax your completed application to the address and fax number listed above. Deadlines for applications for all programs are: Summer Program – January 15; Fall Program – July15; Spring Program – November 15.

Personal Information

Name: _____
          Last   First   Middle

School Name and Address: **Permanent Address (if different):**
_____   _____

_____   _____

Primary Phone Number: _____   **Secondary Phone Number:** _____

Email:_____

Name & Number of Parents/Guardians (in case of emergency): _____

_ _____

Citizenship*: _____
              *Pursuant to federal law, the Office is prohibited from hiring applicants who are from certain countries.

School Information (provide all applicable information)

Graduate University: _____

    Graduate Program: _____ **Current Year in Program:** _____ **GPA:** _____

Undergraduate University: _____

    Years Completed: _____ **Major/Minor:** _____ **GPA:** _____

High School: _____ **Years Completed:** _____ **GPA:** _____

Please circle which program you are applying for: *Spring   Summer   Fall*

Will you receive academic credit from your school if you participate in the Office's internship program?
Yes ____ **No** ____

If yes, please briefly outline your school's requirements and/or restrictions for an internship program:
_____
_____

If selected as an intern, would you like your contact information shared with other interns? Yes_____ No_____

Signature: _____ **Date:** _____